DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/02/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION (A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G176	B. WING _			09/	01/2021
NAME OF PROVIDER OR SUPPLIER AIRPORT ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CO 195 AIRPORT ROAD GOLDSBORO, NC 27530	DDE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS		wo	000			
W 153	#NC00179763. The of Deficiencies were cited complaint investigation STAFF TREATMENT CFR(s): 483.420(d)(2) The facility must ensurement, neglectinguries of unknown semmediately to the addofficials in accordance established procedure. This STANDARD is respectively.	aber 1, 2021 for Intake complaint was substantiated. ed as a result of this on. OF CLIENTS The complaint was substantiated. OF CLIENTS The complaint was substantiated. OF CLIENTS The complaint was a result of this on. OF CLIENTS The complaint was a substantiated. The complaint was substanti	W 1	53			
	facility failed to ensure of staff supervision re was reported to the a officials in accordance affected 2 of 6 clients Interview on 9/1/21 w	(#2 and #5). The finding is: ith the residential manager					
	professional (QIDP) r third shift staff on 7/2 had slipped into each 7/26/21 on third shift intimate relationship.	and may be involved in an It was also reported to the third shift staff were sleeping					
APODATODY	on 9/1/21 revealed th common areas of the and #5 also need to be ensure they do not er	with direct care staff A and B ere are cameras in the facility but that clients #2 be visually monitored to her other residents		TITLE			/V6\ DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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		34G176	B. WING		C 09/01/2021		
NAME OF PROVIDER OR SUPPLIER AIRPORT ROAD GROUP HOME			1	STREET ADDRESS, CITY, STATE, ZIP CODE 95 AIRPORT ROAD GOLDSBORO, NC 27530	1 03/	01/2021	
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W 153	target behavior of elo about every 15 minute. Review on 9/1/21 of oplan (IPP) dated 7/9/2 history of sexual inap aggression, verbal agby a Mental Health Proposition of the settings [client #2] will related to symptoms of Psychiatric Disorder fronted in client #2's IP consistently respect thousemates. Further requires she is visually frequently. Review on 9/1/21 of or revealed she has a Mosettings she will have symptoms of physical for 30 out of 35 days. Program requires she monitored frequently. Further interview with 9/1/21 revealed they incident and manager camera footage in the date. Additional intervicts and intervicts and intervicts and intervicts are personnel registry (House of the GIDP stated she designated management investigating incidents facility management incident thoroughly, for the page of the second of the personnel registry (House of the GIDP stated she designated management incident thoroughly, for the page of the personnel registry (House of the GIDP stated she designated management incident thoroughly, for the page of the personnel registry (House of the GIDP stated she designated management incident thoroughly, for the page of the personnel registry (House of the GIDP stated she designated management incident thoroughly, for the page of the personnel registry (House of the GIDP stated she designated management incident thoroughly, for the page of the personnel registry (House of the GIDP stated she designated management incident thoroughly, for the page of t	confirmed client #5 has the pement and is monitored es in the facility. Client #2's individual program 20 revealed client #2 has a propriate gestures, physical gression that is addressed rogram (MHP) "Across all I have incident free days of DSM-5 Primary for 100/105 days." It is also P that she does not the privacy of her review of her program ly supervised and monitored supervised and monitored IIIHP that states across all incident free days related to a gagression and elopement Further review of her is visually supervised and the RM and the QIDP on thad not investigated this ment had not reviewed the ecommon areas on that view revealed they had not port to the health care CPR) of these allegations.	W	153			

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DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		(X3	COMPLETED	
	34G176	B. WING _			C 09/01/2021	
		,	STREET ADDRESS, CITY, STATE, ZIP CODE 195 AIRPORT ROAD GOLDSBORO, NC 27530	· ·	00/01/2021	
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE	
. •	e 2	W 1	53			
STAFF TREATMENT		W 1	54			
violations are thorough This STANDARD is Based on review of a staff, the facility failed evidence to thorough neglect to supervise engaged in sexually affected clients #2 are Review on 9/1/21 of investigation dated 7, made a remark to the altercation with client #5, who were roommengaged in a sexual were investigated but unsubstantiated. The recommendation to sinto different bedroom bedroom and client #client #1. Interview on 9/1/21 w (RM) and the qualified professional (QIDP) in third shift staff on 7/2 had slipped into each 7/26/21 and may be relationship. It was all	ghly investigated. The motion met as evidenced by: The cords and interviews with a did to consider all sources of all sources					
Interviews on 9/1/21	with direct care staff A and B					
	ROVIDER OR SUPPLIER ROAD GROUP HOME SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page officials. STAFF TREATMENT CFR(s): 483.420(d)(3 The facility must have violations are thorough neglect to supervise a evidence to thorough neglect to supervise a engaged in sexually i affected clients #2 ar Review on 9/1/21 of a investigation dated 7, made a remark to the altercation with client #5, who were roomm engaged in a sexual were investigated but unsubstantiated. The recommendation to s into different bedroon bedroom and client # client #1. Interview on 9/1/21 w (RM) and the qualifie professional (QIDP) r third shift staff on 7/2 had slipped into each 7/26/21 and may be i relationship. It was al QIDP that a third shift monitoring clients.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 officials. STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on review of records and interviews with staff, the facility failed to consider all sources of evidence to thoroughly investigate allegations of neglect to supervise 2 of 6 clients who may have engaged in sexually inappropriate behavior. This affected clients #2 and #5. The finding is: Review on 9/1/21 of an internal facility investigation dated 7/16/21 revealed client #2 made a remark to the facility nurse after an altercation with client #5 indicating she and client #5, who were roommates at the time, may have engaged in a sexual relationship. The allegations were investigated but the findings were unsubstantiated. The management team made a recommendation to separate clients #2 and #5 into different bedrooms. Client #5 has a separate bedroom and client #2 shares a bedroom with client #1. Interview on 9/1/21 with the residential manager (RM) and the qualified intellectual disabilities professional (QIDP) revealed they were told by third shift staff on 7/27/21 that clients #2 and #5 had slipped into each others bedrooms on 7/26/21 and may be involved in an intimate relationship. It was also reported to the RM and QIDP that a third shift staff was sleeping and not	A BUILDIN 34G176 B. WING_ ROVIDER OR SUPPLIER ROAD GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 officials. STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated. 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		34G176	B. WING _			1	C /01/2021
NAME OF PROVIDER OR SUPPLIER AIRPORT ROAD GROUP HOME				195 AIRPOR	RESS, CITY, STATE, ZIP CODE T ROAD RO, NC 27530	1 09/	01/2021
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFII TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 154	on 9/1/21 revealed the common area of the #5 also need to be visithey do not enter oth also confirmed client of elopement and is a minutes in the facility. Review on 9/1/21 of plan (IPP) dated 7/9/adjudicated incompe guardian. Further revealed history of sexual inapaggression, verbal agby a Mental Health P settings [client #2] wirelated to symptoms Psychiatric Disorder noted in client #2's IF consistently respect to housemates. Further	rere are cameras in the facility but that clients #2 and sually monitored to ensure er residents bedrooms. Staff #5 has the target behavior monitored about every 15 client #2's individual program 20 revealed client #2 is tent and assigned a legal riew revealed client #2 has a propriate gestures, physical ggression that is addressed rogram (MHP) "Across all II have incident free days of DSM-5 Primary for 100/105 days." It is also PP that she does not	W	154			
	revealed she is adjuct assigned a legal guarevealed she has a N will have incident free of physical aggressic of 35 days. Additionathat she is visually sufrequently. Further interview with 9/1/21 revealed they incident reported on had not reviewed the	client #5's IPP dated 3/30/21 dicated incompetent and is rdian. Further review MHP across all settings she days related to symptoms on and elopement for 30 out all review of her MHP requires upervised and monitored The RM and the QIDP on had not investigated this 7/27/21 and management camera footage in the at date. Additional interview					

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		34G176	B. WING _			C 09/01/2021
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W 154	revealed the RM and management staff res incidents involving sa however managemer	QIDP were the designated sponsible for investigating fety concerns for clients, at failed to investigate these to supervise clients #2 and	W 1	54		